

GRANT APPLICATION

Request for Funding

**Boone County Solid Waste
Management District
220 W Washington St.
Room B-100
Lebanon, In 46052
(765) 483-0687
(765) 483-0726 Fax**

**Boone County
Health Department
116 W. Washington St.
Room B-201
Lebanon, In 46052
(765) 483-4458**

Applicant Name: _____ Phone _____

Address: _____

City, State & Zip: _____

Instructions for Drop: _____

For Health Department Personnel

Project Type: ☐ One-time basis ☐ Other _____

☐ 11 week service ☐ Other _____

Future plans for trash removal: _____

Estimated cost : _____

Signature of Health Department Personnel

Date

For Boone County Solid Waste Personnel Only

Approved _____ Denied _____ if denied, reason for denial _____

Notes: _____

BCSWMD Executive Director

Date